

Last Name (Please Print)

## **Murfreesboro Police Department** 302 Mu Pho

First

plaint

Middle

302 South Church Street	Citizen's Com
Murfreesboro, TN 37130	
Phone 615-849-2685	Form
Fax 615-848-3260	

Citizen's Information Below

Street Address				City		State	Zip Code		
Date of	Birth	Sex	Race		Drive	r License Num	ber	State of Issue	
Home P	hone Number		Work Phor	ne Num	ber		Cell Phone	Number	
				WORLT HOLE NUMBER			COM THORIS NAMES		
Employ	ed By				Date of Eve	ent	Т	ime of Event	
If Know	n, List the Name(s)	of the Police Departme	nt Employee Involved in the Event			Did	Did You Personally Witness the Event		
							☐ Yes ☐ No		
List any known witness(es), to the Event other than yourself below									
Witness Last Name (Please Print) First Midd									
Street Address			City				State Zip Code		
Home P	hone Number		Work Phor	ne Num	ber	Cell Phone Number			
			WORLT HORE NUMBER			Con Friend Number			
Witness Last Name (Please Print)		First			Middle				
, ,									
Street Address		City		City		State Zip Code			
Home P	hone Number		Work Phone Number			Cell Phone Number			
			rfreesboro Police						
			nt, or other adverse						
			any employee of t					is violating this	
provis	sion, you snoui	a immediately re	port it to the Opera	tion S	section, or to the	ne Chief of	Police.		
The section below is for Internal Use Only – Citizen will use the reverse side for Narrative.									
Complaint Form Issued By			Date		Time	Investigator Assigned			
Complaint Form Received By		Date		Time	Investi		stigator Assigned		
			Disposition	of Ei	nding				
Disposition of Finding Status Notes							Date		
	Unfounded								
	Exonerated								
	Unsustained								
	Founded								
Action T	aken	<u>.</u>					•		
Dovins	d on 2 November 2	0011							
Kevise	d on 2 November 2	:U11							

Describe in detail the basis of your complaint. Warning: False statements will subject you to civil and /or criminal penalties for filing a false report.

Narrative: (You may attach a written or typed statement, or extra pages, if you wish. You may request a copy of your complaint).
The statement above and/or attached, is true and correct representation of the facts of the event that lead to this complaint being filed and has been written to the best of my knowledge.
Signature of Complainant Date